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Title of	Invention C	PTICAL DE	VICE WIT	H WA	AVEFRON	IT MODI	FIER							
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Mailing	Address of A	Applicant:	<u>'</u>											
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Addres	ss 2	Unit 10	2											
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Custon	ner Number	2473	37											
Email Address jeanne.rusciano@				o@pl)philips.com					Add	Email		Remove	Email
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Application Type Nonprovisional				ıl			ı							
Subjec	t Matter	Utility												
Sugges	sted Class (if	any)	Sub Class (if any)											
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Application Data S	Application Number									
	Application N	lumber								
Title of Invention OPTICAL DEVICE WITH WAVEFRONT MODIFIER										
Publication Information:										
Request Early Publication (Fee required at time of Request 37 CFR 1.219)										
Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.										
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Prior Application Status Remove										
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Remove Description Name of the Chairman April 1987 Parts (2000) MM PD)										
Application Number Country Parent Filing Date (YYYY-MM-DD)					MIM-DD)	Priority Claimed				
04300025.6 EP 2004-01-19 • Yes No										
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Assignee 1					Rei	move				
If the Assignee is an Organization check here. √										

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Application Da	ta She	et 37 CFR 1.76	Attorney Docket Number	FR040009			
Application Da	ila Sile	et 37 CT K 1.70	Application Number				
Title of Invention	OPTIC	CAL DEVICE WITH WA	VEFRONT MODIFIER				
Organization Name (COMMUNICE DUMINE D							
Organization Name KONINKLIJKE PHIL			ELECTRONIC, N.V.				
Mailing Address Information:							
Address 1		GROENEWOUDSEWEG 1					
Address 2							
City		EINDHOVEN	State/Provi	nce			
Country NL			Postal Code	5621 BA			
Phone Number			Fax Number				
Email Address							
Additional Assignee Data may be generated within this form by selecting the Add button.							

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.									
Signature	/Michael E. Marion/	Date (YYYY-MM-DD) 2006-07-14							
First Name Michael E.		Last Name	Marion	Registration Number	32,266				

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